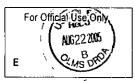


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8364	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12/31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Robert Boskovich	Name Iron Workers Local #1		
	Labor Organization File Number 027-977		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7720 Industrial Dr.	Street 7720 Industrial Dr.		
City Forest Park	City Forest Park		
State	State TL ZIP Code + 4 60130		
5. Position in labor organization. President/BM			
Count that in contrast the part of the county of the state of the county	Autority (Appellation and Appellation and		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Roorn No., if any			
Street	7.b. Amount.		
City	Marting the substance in the substance of the substance o		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Robert Baskovije	on 8-10-05 708-366-6699		

Date

Telephone Number

Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	;	,
8. Name and address of Business (including trade name, if any). Name Iron Workers Local #1 Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7700 W. Industrial Dr. City Forest Park State IL ZIP Code + 4 60130	9. Business deals with: [X] a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Related Trust	Fund	
Street	11.b. Approximate dollar valu	ue of such dealing.	N/A
State ZIP Code + 4	of labor and El	from Trust Fur RISA required of and lodging on espondsibility;	
			#0 072 98
	12.b. Amount.		\$8,973.32
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	auto e seculario compriso proveto Palas assas del provincio de constante de la ci sta del primo e describi	Successful and All All All All All All All All All Al
Name	****		
Trade Name, if any:			(
P.O. Box, Bldg., Room No., if any			
Street			,
City			ş
State ZIP Code + 4			3
	14.b, Amount of payment.		generalistic of the control of the c
13.b. Is the Business an Employer or Consultant ?	The state of paymont		

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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<u> </u>			
1. File Number U - [8364]	2. Fiscal Year Covered From:		
/	1 / 1 / 2004 Through: 12 / 31, / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Robert Boskovich	Name Iron Workers Local #1		
	Labor Organization File Number 027-977		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7720 Industrial Dr.	Street 7720 Industrial Dr.		
City Forest Park	City Forest Park		
State ZIP Code + 4	State		
5. Position in labor organization. President/BM			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of		
	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).	year transmission among a management and a second and a management and a second and		
Name [
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
	pd annual and detailed and detailed and annual annu		
City i	Appellula galantina habitatat 17 gara yang andah sahif mbayannin yang baratata mbakan 18 andah sahif mbayannin yang barata baratar		
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed Robert Backsmil	On 8-10-65 708-366-6699 Date Telephone Number		

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary a substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is as (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Fiduciary Management Associates Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 55 W. Monroe, #2550 City Chicago State IL ZIP Code + 4 60603	9. Business deals with: a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Workers Local #1 Pension	11.a. Nature of such dealing. Investment Manager.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7700 W. Industrial Dr. City Forest Park State IL ZIP Code + 4 60130	11.b. Approximate dollar value of such dealing. \$91,556.03 12.a. Nature of interest held or income received. Social activities.
	12.b. Amount. \$88300
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon- 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	nder parts A and B above) ey or other thing of value. 14.a. Nature of payment.

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget No. 1215-0188

Office of Management Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - [8369]	2. Fiscal Year Covered From:
7	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert Eoskovich	Name Iron Workers Local #1
	Labor Organization File Number 027-977
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7720 Industrial Dr.	Street 7720 Industrial Dr.
City Forest Park	City Forest Park
State	State
5. Position in labor organization. President/BM	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Robert Baskovish	On <u>8-10-05</u> <u>708-366-6699</u> Date Telephone Number
Form I M 20 (2002)	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values and the substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Iron Workers Local #1 Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7700 W. Industrial Dr. City Forest Park State IL ZIP Code + 4 60130	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Related Trust Fund.	
Street	11.b. Approximate dollar value of such dealing. n/a	
City Province communication to the control of the c	12.a. Nature of interest held or income received.	ge i co mi manione
State ZIP Code + 4	Trust fund related expenses.	
C. Propried from any applicant (attack than an applicant and a	In the contract of the contrac	33.69
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon- 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	nder parts A and B above)	33.69

Form LM-30 (2003)

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget No. 1215-0188 Expires 11-30-2006

Office of Management

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - [8364]	2. Fiscal Year Covered From:		
/	1 / 1 / 2004 Through: $12 / 31 / 2004$		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name ROBERT BOSKOVICH	Name IRON WORKERS LOCAL #1		
	Labor Organization File Number 027-977		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7.720 W. INDUSTRIAL DR.	Street 7720 W. INDUSTRIAL Dr.		
City FOREST PARK	City FOREST PARK		
State IL ZIP Code + 4 6,013.0	State II. ZIP Code + 4 60130		
5. Position in labor organization. PRESIDENT/BM			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion of the ex	derived income or other economic benefit of		
	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).	The results of the cost of the		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Steet			
City	The control and co		
State ZIP Code + 4			
Sigr	nature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Robert Backsind	On 8-10-05 708-366-66-99 Date Telephone Number		

City Forest Park State IL ZIP Code + 4 60130 12.a. Nature of interest held or income received. Business luncheons.	ne of Person Filing	File Number U-	
Name The Segal Company Trade Name, if any: Description Description	stantial part of which consists of buying from, selling or leasing to, or otherwing employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indir	ise dealing with the business by seeking to represent, or ectly to, or otherwise	
Name Iron Workers Local #1 Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7700 W. Industrial Dr. City Forest Park State IL ZIP Code + 4 60130 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	The Segal Company de Name, if any: D. Box, Bldg., Room No., if any eet 101 N. Wacker Dr. Suite 500 Chicage	a. Labor Organization X b. Trust	
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 7700 W. Industrial Dr. 11.b. Approximate dollar value of such dealing. \$82,065. c 12.a. Nature of interest held or income received. Business luncheons. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.	
City Forest Park State IL ZIP Code + 4 60130 11.b. Approximate dollar value of such dealing. \$82,065.0 Business luncheons. 12.b. Amount. \$164. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	de Name, if any:	Accutarial Consultants.	
City Forest Park State IL ZIP Code + 4 60130 12.a. Nature of interest held or income received. Business luncheons. 12.b. Amount. \$164. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	et 7700 W. Industrial Dr.	11.b. Approximate dollar value of such dealing.	\$82,065.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name 12.b. Amount. \$164.			Banganananan Markatan and Marka
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name 14.a. Nature of payment.	le [1L	Business Tuncheons.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 14.a. Nature of payment. 1			
(including trade name, if any). Name			
The state of the s	Received from any employer (other than an employer covered under	parts A and B above)	\$164.64
Trade Name, if any:	Received from any employer (other than an employer covered under om any labor relations consultant to an employer any payment of money on the consultant of the consultant to	parts A and B above) or other thing of value.	\$164.64
l i	Received from any employer (other than an employer covered under om any labor relations consultant to an employer any payment of money of the consultant of the consultant (including trade name, if any).	parts A and B above) or other thing of value.	\$164.64
P.O. Box, Bldg., Room No., if any	Received from any employer (other than an employer covered under rom any labor relations consultant to an employer any payment of money of the consultant (including trade name, if any).	parts A and B above) or other thing of value.	\$164.64
Street	Received from any employer (other than an employer covered under rom any labor relations consultant to an employer any payment of money of the second	parts A and B above) or other thing of value.	\$164.64
State ZiP Code + 4	Received from any employer (other than an employer covered under rom any labor relations consultant to an employer any payment of money of the consultant (including trade name, if any). The consultant (including trade name, if any). D. Box, Bldg., Room No., if any the consultant (including trade name) and the consultant (including trade name).	parts A and B above) or other thing of value.	\$164.64

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFUL	
I VON- 104 I LEVE HE HOLLOGING OVER OF	LY BEFORE PREPARING THIS REPORT.
E (\$ Rerd 112 112 113 114 115	
Que De -	
1. File Number U - 1369	2. Fiscal Year Covered From:
Tracks Private at an analysis of all	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert Boskovich	Name [Iron Workers Local #1
	Labor Organization File Number 027-977
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7720 Industrial Dr.	Street 7720 Industrial Dr.
City Forest Park	City Forest Park
State IL ZIP Code + 4 50130	State ZIP Code + 4
5. Position in labor organization. President/BM	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
	,
P.O. Box, Bldg., Room No., if any	7 h Annual
P.O. Box, Bldg., Room No., if any	7.b. Amount.
	7.b. Amount.
Street	
Street City State ZIP Code + 4	
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	nature I Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Bluecross Blueshield of Illinois Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 East Randolph Street City Chicago State IL ZIP Code + 4 60601	9. Business deals with: a. Labor Organization X b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Workers Local #1 Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7700 W. Industrial Dr. City Forest Park State IL ZIP Code + 4 60130	Provide PPO network access. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Social activities.	\$1,365,189.00	
	12.b. Amount.	\$63.78	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	The Authoritation of the Autho	